

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

MAR 5 1979

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. C.
ARTEBIA, OFFICE

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SANTA FE	1
FILE	1
DECS.	
LAND OFFICE	
TRANSPORTER	1
OPERATION	1
PRODUCTION OFFICE	

Operator: Southland Royalty Company

Address: 1100 Wall Towers West, Midland, TX 79701

Reason(s) for filing (check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership Other (Please explain): Effective 2-1-79

If change of ownership give name and address of previous owner: Shenandoah Oil Corp., 1500 Commerce Bldg., Ft. Worth, TX 76102

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Taylor Unit	14	Shugart (Y. SR. O. G.)	State, Federal or Foreign Federal	LC-058709B
Location				
Unit Letter		Feet From The	Line and	Feet From The
E	1980	north	660	west
Line of Section	Township	Range	NMPM,	County
13	18S	31E	Eddy	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
Texas-New Mexico Pipeline			P.O. Box 1510, Midland, TX 79702			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	12	18S	31E	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Date Spudded		Date Compl. Ready to Prod.		Total Depth			P.S.T.D.		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
<i>(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)</i>			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. Heiney
District Engineer
3-1-79

OIL CONSERVATION DIVISION
MAR 16 1979

APPROVED BY: W. A. Gressitt
SUPERVISOR, DISTRICT II

TITLE: _____

This form is to be filed in compliance with RULE 1154.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 115.
 All sections of this form must be filled out completely for show and new and recompleted wells.
 Fill out only Sections I, II, III, and VI for change of owner and name or number of transporter or other such change of conditions. This form must be filed for each pool in multi-